change. Most of them are demonstrably sensory and could be traced through the posterior spinal ganglia to the cord, but some are as certainly motor. Afferent impulses from parts removed are of course impossible, but motor impulses overflowing from the cord to stumps, though only to be blocked at the site of amputation, are at least conceivable. The small fibres caused by general paralysis must be distinguished from Ranvier's small fibres constituting the neuroma and occurring at the end of the central stump of a cut nerve. The postero-lateral group is not sensory, but motor, innervating the muscles which maintain the erect position. Affection of the sensory tracts reduced the size of the posterior column and horn of the same side, but Clarke's columns were intact, their function being, as Gaskel has almost conclusively shown, the innervation of the viscera. All shrinking due to amputation is compensated by great widening of the lymph channels and slight increase of connective tissue in the small bundles.

Ueber Koprostasic-Reflex Neurosis. By Prof. E. H. KISCH. Berlin. Klin. Wochenschr., April, 1887.

Neuroses of the heart are the most common of the reflex neuroses, which the author thinks to be due to habitual constipation. Next in order of frequency follow hemicrania. Then come sciatica, lumbar-abdominal neuralgia, ovaralgia, and the trigeminal neuralgia of Gussenbauer. The author feels justified in designating these as a distinct group of neuralgic affections due to defective action of intestinal ganglia, or in the terms in which Nothnagel summarized the results of his investigations, to "a diminution of the automatic activity of the nervous apparatus of the intestines."

Ueber die posthemiplegischen Bewegungsstörungen. Eine klinische Studie. B. GREIDENBERG. Arch. f. Psychiatrie, 1886, p. 131.

This extended study, with very copious use of the literature of the subject collected in 267 titles at the end, in this new and fruitful field, is too crowded with details to be adequately reviewed. The main result reached by the author, not only from the literature but from careful study of cases, is expressed in the following table classifying post-hemiplegic movements:

- Contractures
  - apoplectic, cramps: tonic / clonic / intermittent
  - muscular rigidity
  - early — paralytic, passive
  - late: constant, lasting, fixed / changeable, (latent)
- exaltation of tendon reflexes
- co-ordinate movements
- tremors
  - reflex, clonus
  - essential: trembling proper (tremor) in the form of paralysis agitans or of disseminate sclerosis
- hemichorea: constant / with intended movements, disturbance of co-ordination (hemi-ataxia)
- athetosis

} Composite forms in various combinations.